

PTO/SB/22 (10-00)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) P6602.4US
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In re Application of Helmut Bentivoglio	
Application Number 10/062,679	Filed 1/30/2002
Title Actuator for Release Devices of Vehicles, Preferably Motor Vehicles	
Group Art Unit 2836	Examiner Sharon A. Polk

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ 420.00 |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ Payment by credit card. Form PTO-2038 is attached.

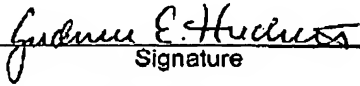
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1199.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record: 35747  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

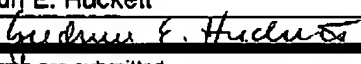
April 15, 2004  
Date

  
Signature  
Gudrun E. Hockett, Reg. No. 35,747  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

#### CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office, fax # 703-872-9306 on the date shown below.

Name (Print/Type)	Gudrun E. Hockett		
Signature		Date	April 15, 2004
<input type="checkbox"/> Total of _____ forms are submitted.			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.